

FEE CALCULATION

For	Current	Prev. Paid	No. Extra	Rate	Fee
Total Claims	17	- 17	0	\$ 50.00	\$ 0.00
Indep. Claims	3	- 3	0	\$ 200.00	\$ 0.00
Multiple Dependent Claims (add \$300.00 if applicable)					\$ 0.00
Petition for 1 Month Extension of Time					\$120.00
OTHER FEE (specify purpose):					\$ 0.00
					TOTAL FEE \$120.00

Credit Card Authorization Payment Form in the amount of **\$120.00** is enclosed.

The Commissioner is hereby authorized to charge and credit Deposit Account No. 50-1852 as described below. A duplicate copy of this sheet is enclosed.

- Credit any overpayment.
- Charge any additional fees required under 37 CFR 1.16 and 1.17.

Respectfully submitted,



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November 17, 2006

Date